



State of New Jersey
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BUREAU OF SECURITIES
P.O. Box 47029
153 HALSEY STREET
NEWARK, NEW JERSEY 07101
(973) 504 - 3600
E-MAIL: AskConsumerAffairs@lps.state.nj.us

Please be advised that any information you supply on this application may be subject to public disclosure. If an investigation into the matter is conducted, the information is subject to public disclosure only after the completion of the investigation. You are also advised that the completed complaint form is a "government record," which the Bureau of Securities may be obligated to provide to anyone making a request pursuant to the Open Public Records Act (OPRA).

COMPLAINT REPORTED BY:

COMPLAINT REPORTED AGAINST:

NAME: _____	FIRM NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____
HOME TELEPHONE NUMBER: _____	TELEPHONE NUMBER (1): _____
WORK TELEPHONE NUMBER: _____	TELEPHONE NUMBER (2): _____
E-MAIL ADDRESS: _____	

The Bureau of Securities investigates complaints against individuals and firms selling securities or offering investment advice as well as companies issuing securities investments. The Bureau is empowered to bring administrative actions or civil law suits to enforce the registration and anti-fraud provisions of the New Jersey Uniform Securities Act. The Bureau may refer certain matters for criminal prosecution.

- Type of firm (if known). Please check the appropriate box:
☐ Securities Brokerage Firm ☐ Investment Advisory Firm ☐ Financial Planning Firm
☐ Other (specify): _____
- Name and title of firm's agents or employees with whom you dealt: _____

If known, type of professional designation used:
☐ Stockbroker (Agent) ☐ Investment Advisor ☐ Other (specify): _____
- How was the initial solicitation made:
☐ Telephone ☐ Mail ☐ Seminar
☐ Other (specify): _____
- Type of investment product involved in your complaint:
☐ Stocks ☐ Bonds ☐ Mutual Funds ☐ Limited Partnerships

***Please continue on reverse side
Do not write below this line***

Date received: _____ Case #: _____ Investigator: _____
Status #: _____
Data INIT: _____

☐ Other (specify) _____

5. Did you receive a prospectus when you purchased the investment? ☐ Yes ☐ No
6. Have you contacted the firm about your complaint? ☐ Yes ☐ No

If "Yes", please note the name and address of those you have contacted below:

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

7. Have you contacted another regulatory authority or law enforcement agency about your complaint? ☐ Yes ☐ No

If "Yes", please note the name and address of those you have contacted below:

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

8. Describe the facts of your complaint in the order in which they happened. Please print clearly. Use additional sheets of paper, if necessary. **Attach copies (no originals) of any complaint-related documents, such as monthly account statements, confirmations of purchases and sales, correspondence, and any other relevant documents.**

[illegible]

9. The amount of loss involved in this complaint: \$ _____.

10. The funds used for investment were originally drawn from:

☐ Savings, Checking
or Money Market Account

☐ Certificate of Deposit

☐ IRA/Retirement Account

☐ Insurance Proceeds

☐ Proceeds from another investment

☐ Other (specify): _____

11. Complainant's Age (optional):

☐ Under 30

□ 31 — 40

□ 41 — 50

□ 51 — 60

□ 61 — 70

☐ Over 70

I have read this complaint, I fully understand its contents and I certify it and photocopies of the attached documents are true and correct to the best of my knowledge.

*Signature**

Date _____

* This certification must be signed by the person completing the form.